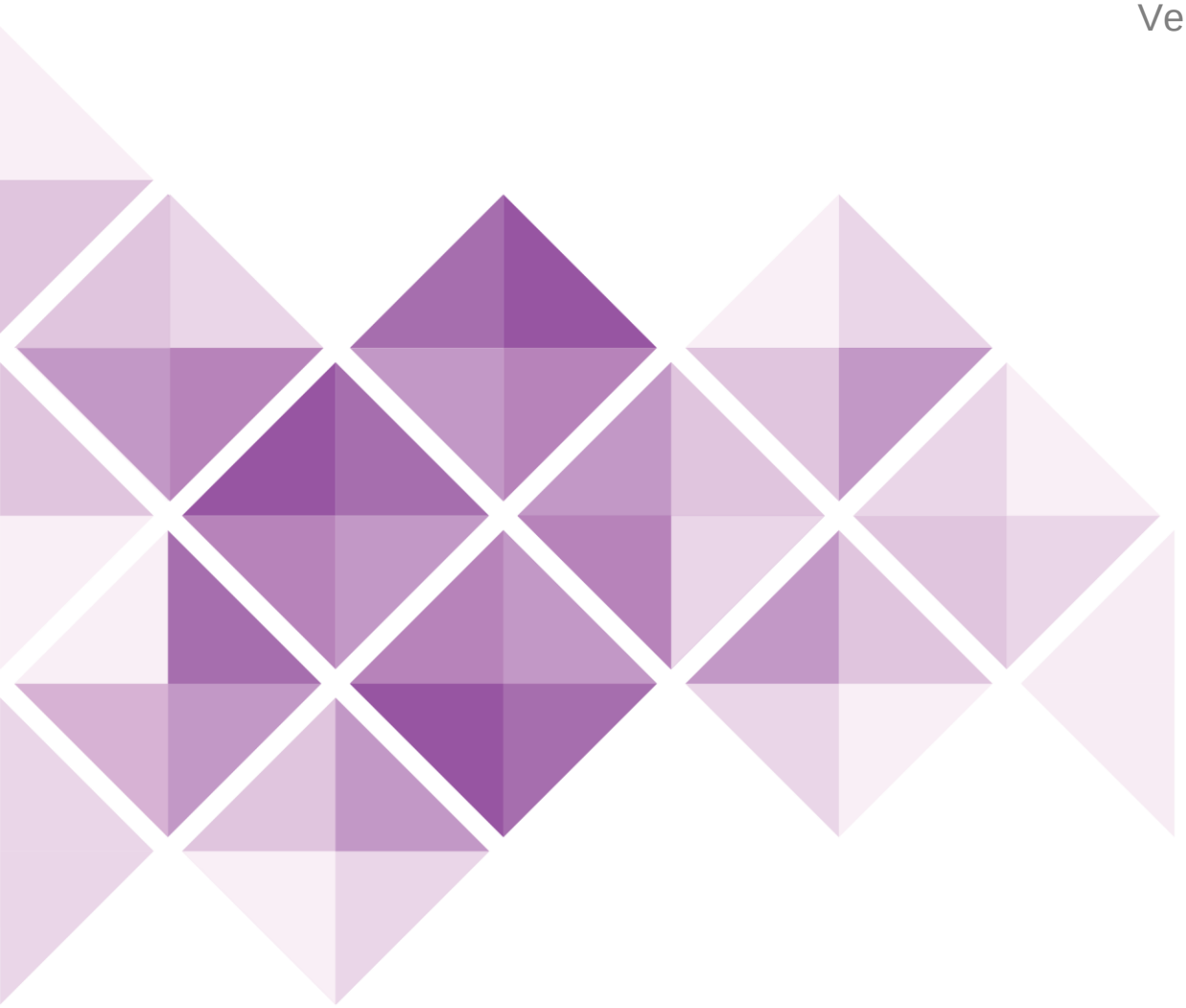
ICS North East and North Cumbria – Engagement Principles

Findings report

March 2022

Version 1.0



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1 Introduction

The NHS in the North East and North Cumbria is undergoing organisational change, with an Integrated Care Board (ICB) being established to take over statutory responsibilities currently carried out by local Commissioning Groups (CCGs).

To ensure that the new structure has patient engagement and involvement at its heart, a Strategic Engagement Group has been looking at how patient engagement and involvement can be embedded via some principles which will form the basis of a wider Engagement Strategy. Continued engagement over the following months will involve partners and stakeholders across NHS, social care, Healthwatch and the VCSE.

The draft principles are:

1. **Continuing the great work happening with people, communities and partners** (including the VCSE sector and Healthwatch) – while ensuring it is linked up to improve consistency and strong links into the Integrated Care Board's decision-making processes.

2. **Strengthening partnership working at a regionwide level** – developing opportunities to build upon existing local relationships and setting a standard for the work we do.

3. **Seizing opportunities to innovate** – such as drawing more on lived experience, developing behavioural insight, and embedding a commitment to meaningful involvement as our senior leadership team and structures develop. We are also exploring the development of a Citizens' Panel and Insight Bank to support this work.

To gather opinion on these draft principles, an online survey was disseminated amongst partners and communities. The survey contained four key questions:

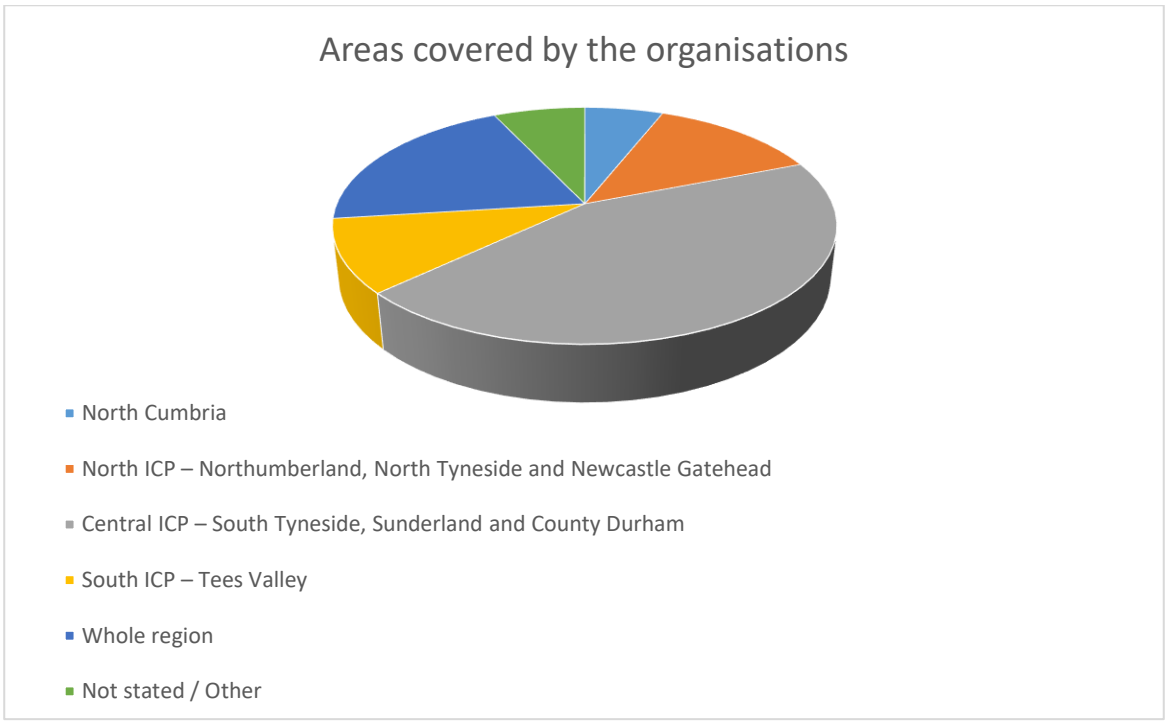
- What are your views of the principles?
- Does this feel like the right approach?
- What would you add or remove?
- How could we best involve you or your organisation?

This report provides the feedback from this process, which will be used by the Strategic Engagement Group to finalise the principles.

2 Survey sample

The survey was completed by 199 individuals from more than 90 different organisations.

The table below shows the areas covered by the organisations.



3 Thoughts on the draft principles

3.1 Notes on analysis

To allow a quantitative representation of the findings, all responses to the open questions were assigned a code. These codes were then grouped into categories, which are displayed in the following tables. In many cases, it was necessary to assign more than one code to an individual's response.

3.2 What are your views on the principles?

Approximately half (46%) deemed the principles to be good, sensible, relevant, suitable and/or essential.

"I believe they are respectable principles and will help communities across the North East and Cumbria"

More specifically, 10% commented positively in reference to **Principle 1 - Continuing the great work happening with people, communities and partners,** in terms of its acknowledgment of the work that has already been done.

"They seem sensible. Building on the good practice already happening"

A similar proportion (9%) commented positively upon **Principle 2 - Strengthening partnership working at a regionwide level.** These related to:

- Building upon existing relationships
- The future direction of the ICS
- The benefits gained through centralisation / economies of scale
- Best practice
- Unity of message to national decision makers
- Pockets of good practice all over region.

"Firmly behind strengthening regional wide working for economies of scale, best practice, and really importantly unity of message to national decision makers around key things like need for more regulation around health inequality drivers like tobacco and alcohol"

9% also commented positively upon **Principle 3 - Seizing opportunities to innovate,** in terms of:

- Not being afraid to pilot new approaches / otherwise stagnate
- Playing a key role in effective engagement
- Benefit to NHS / social care staff and patients

- Cost saving / economies of scale.

"It's not just about continuing the good works, it is also about identifying not just regionwide, but nationwide to innovate and improve further, but not reinventing what has gone before"

Furthermore, 9% liked the emphasis on co-production and/or integration – more specifically engagement being at the forefront of decision making and the sharing of good practice.

"This is vital to the success of the project. Strong genuine co-production is a key part of the process"

"Absolutely important if we are to keep the public engaged and involve them more in maintaining or improving their wellbeing"

For those that expressed concerns about the principles, 12% expressed a concern specifically in relation to **Principle 2 - Strengthening partnership working at a regionwide level**. There was a feeling that this principle fails to recognise and threatens to exclude local work that takes places at a community / neighbourhood level by a large number of small organisations. There was concern that this will be lost when working within such a large and diverse region, with it highlighted that more resource is needed for engaging meaningfully with VCSOs (bottom-up approach).

"Partnership working at community level is vital"

"All of the above principles have merit, however, strengthening partnerships at regional level may not benefit small community organisations so needs to address partnership at both local and regional level"

Specific concerns relating to **Principle 1 - Continuing the great work happening with people, communities and partners,** included the blandness and subjectiveness of the terminology (6%).

"'Continuing…' There is a risk that this fixes any recent deterioration in engagement activity"

"How is the 'great work happening' measured?"

"Frankly, they feel a bit bland - shouldn't these be givens? 'Continuing', in particular, feels like 'business as usual' - shouldn't it be more aspirational? Even 'Building on' would be better, as 'building' suggests a recognition of opportunities to improve on the status quo"

With regards to **Principle 3 - Seizing opportunities to innovate,** the small number of concerns (2%) raised in relation to this principle included the need for greater detail with alternative phrasing being suggested such as 'identifying and creating innovation'.

"There can be barriers to innovation such as time, funding, geographical location and we would like more information on this principle"

"Innovation should not be at the expense of continuing to do things that work and building on past experience and existing practice"

More generally, respondents raised concern about the principles being too generic and woolly (7%) with it suggested that they need to be more inspirational and challenging

and offer more in the way of explanations. Some respondents questioned what these principles actually mean and whether they would resonate with the public.

"What do these actually mean? They are incredibly vague"

"There is not enough information, explained simply enough and without 'HR' speak to determine what is actually being proposed"

Furthermore, some respondents (5%) felt that the principles were missing specific terminology / themes. These included:

- Learning / learning lessons
- Caring for people
- Improving health / prevention
- Investment / investing in
- Importance of recruiting and retaining right workforce
- 'Strengthening partnerships working at place and region, where this has been productive'
- 'Standardisation and harmonisation of both patient facing and background functions.'

Other concerns raised by respondents are categorised in the table below, these include concern that this is not just a tick box activity and that it must transpire into true engagement and the lack of focus on addressing equity in access / health inequalities.

"I think these are great principles but real change won't happen if not driven from the centre with true equity of access as a guiding principle"

"The Principles need to be underpinned by the Equality Duty to ensure there is equality of access to participate and influence the work of the ICS"

Question: What are your views on the principles? (N=198)	% of respondents
Positive	
Good / sensible / relevant principles	46%
Positive comment re: Principle 1 – 'Continuing the great work happening with people, communities and partners'	10%
Positive comment re: Principle 2 – 'Strengthening partnerships at regionwide level'	9%
Positive comment re: Principle 3 – 'Seizing opportunities to innovate'	9%
Emphasis on co-production and/or integration	9%
Improving services / health for the benefit of communities / patients	4%
Other positive comment, including: - Helpful explanations - Strengthening communication - Opportunity to make improvement	*3%*
Neutral / negative	
Concern re: Principle 2 – 'Strengthening partnerships at regionwide level'	12%
General comment - too generic / woolly	7%
Concern re: Principle 1 - 'Continuing the great work happening with people, communities and partners'	6%
General comment – principles missing specific terminology / theme	5%
General comment – must transpire into real involvement and not just be a tick box activity	3%
General comment - lack of focus on equity in access / health inequalities	3%
General comment – lack of focus on engagement with hard to reach / reaching fullest communities	2%
General comment - model of application more important	2%
General comment – Difficulty of putting principles into practice with current constraints e.g. HR insufficiency / distribution	2%
Concern re: Principle 3 - 'Seizing opportunities to innovate'	2%
Other neutral / negative comment, including: - Concern re: work done by CCG will be overlooked - Concern re: privatisation - Concern re: favour of commercial contracts and the purchaser-provider split - Must be of benefit to the patient and not cost saving - No different from what already happening - Important to recognise different between service users and 3rd sector.	9%

3.3 Does this seem like the right approach?

Over half (56%) felt that this seemed like the right approach.

"Yes overall. I think encompassing all the good provision and networks already in place is essential in understanding how to add value to them and have them add value to the development of the ICS"

"I think so, yes. It seems a natural progression in line with organisational change across the region, to build on the good foundations that already exist at local level"

Furthermore, 10% adding a caveat to their agreement. These included:

- The expansion of principles
- Ensuring that principles are not seen in silos
- Prioritisation of the first two principles
- Ensuring that existing partnerships are built upon and existing ways of working are not duplicated
- Ensuring that VCSOs are considered as an equal partner / opportunities and funding are made accessible to all (i.e. VCS)
- The addition of 'co-production' and 'providing great healthcare'
- Building in accessibility from the outset
- Ensuring that the drivers are not saving, with real investment needed in long-term staffing to deliver this across all professional groups
- Ensuring that this makes it easier for patients and staff (cross-site working)
- Providing practical examples of good practice and ways to change poor practice
- Commitment needed that this has an organisational 'buy-in' culture at all levels.

"It feels ok as long as it works with existing partners and doesn't end up duplicating partnerships and ways of working that already exist. We need to build on and strengthen things like Collaborative Newcastle and Gateshead Cares"

"It is a positive starting point - this approach needs to accept the value of the great work and take a pragmatic view. The partnership working has merits though parts of the region are not as far forward with this type of work. It is important that this approach is not seen in silos and there is interaction right across all the principles"

Furthermore, 24% expressed agreement that was deemed 'partial' with concerns / comments relating to:

- The broad / fragmented principles (9%) – with respondents emphasising how the principles need to be stronger, more inspirational and provide greater detail

  "I understand the overall approach but the terminology lacks accountability"

"It somehow feels a bit fragmented, would benefit from clearer insight into a solid framework, this framework ensuring a comprehensive approach"

- Concern about regionwide working and losing local voice (6%) / the great work being done / current effective arrangements. Some respondents commented upon the issues faced by different parts of the region due to its geography (e.g. North Cumbria – West Cumbria)

  "At the moment, the focus is on moving up to a regional decision making model. We would be interested in plans to filter things back out on the ground at delivery level"

  "Partnership at regionwide levels should be a strategic matter. Our local level organisations and people do not want huge change unless it is for their benefit"

  "To go from local CCGs with local knowledge to a regional approach, means that local issues may not have a voice"

- The need to address health inequalities (5%) - taking into account the needs of different populations in each area of the patch

  "Somewhat, though getting consistency across ICSs will be the challenge. We already have a postcode lottery for some services, I worry that removing decisions further from the point of care will only highlight and increase the inequalities"

  "Partly - real need to tackle health inequalities that a succession of government's & health systems have failed to tackle - this will not be achieved if the system all does what it always done!"

- Dependent on application of / adherence to principles (4%).

  "Possibly, it will depend on the management of these issues and how ideas are integrated between individual areas with completely different structures at present"

The reasons provided by the 5% who felt that this was not the right approach, included:

- Lack / no indication of how health services and means-tested privatised social services can be integrated
- No clear proposal to fix our fragmented and partly-privatised communicable disease control and public health systems
- Greater priority should be getting the basics right, consistently and to a high standard
- 'Bigger is not always better'
- Scepticism that strengthening partnerships at regionwide level is achievable
- Lack of resource to innovate
- Need for a principle about 'reaching out, being proactive, and having an organised, consistent approach to engagement'.

"Innovation is good where resources exist but being driven to do more for less and calling it innovation is more concerning"

"Bigger is not always better. Going around in circles rather than looking at why it doesn't work"

Question: Does this seem like the right approach? (N=196)	**% of respondents**
Yes	56%
Yes, with caveat	10%
Unsure	2%
No	5%
Partial / comments relating to broad / fragmented principles	9%
Partial / concern relating to regionwide working / losing local voice	6%
Partial / concern relating to the need to address health inequalities	5%
Partial / dependent on application of / adherence to principles	4%
Other comment, including: - Query: opportunity for public / parents / carers to comment on principles - Make sure it is clear that everyone has the opportunity to get involved - Need to see how place based learning will continue to evolve and learn from the good practice across the ICS - 360 degree communication is important	5%

3.4 What would you add or remove?

Whilst 22% were happy with the principles, others made comments about specific principles and/or the principles more generally.

With regards to **Principle 1 – Continuing the great work happening with people, communities and partners**, alternative phrasing was put forth, some examples of this are detailed below:

- ‘continue and grow’
- ‘building on’
- ‘developing’
- ‘collectively and continuously improve systems and services’
- ‘preserve and maintain excellent work.’

With regards to **Principle 2 – Strengthening partnership working at a regionwide level**, suggestions related to incorporating a ‘more local focus’ or ‘focus on partnerships at all levels’.

“I would remove ‘Regionwide’ and look to working more closely with individual neighbourhoods”

“'Region-wide level' - most regional orgs have gone. Local places are all different. Build on local partnerships, don't develop new regional ones”

“I might rephrase - strengthening and developing partnership working and understanding at all levels across the region”

In terms of **Principle 3 – Seizing opportunities to innovate**, again alternative phrasing was put forth, some examples are as follows:

- ‘creating opportunities for integration’
- ‘continuously improve’
- ‘identifying and creating innovation’
- ‘seizing opportunities to improve and innovate.’

More general comments related to:

- Commitment needed to coproduction from the outset (25%) / meaningful patient and public involvement and engagement (PPIE) and embedding the voice of the staff, public and patients including hard to reach / seldom heard groups / communities of interest

  “I would add something about embedding the voice of service users across everything we do. Doing great work is one thing, embedding it in practice is another and that is what is needed”

"More emphasis on communications channels to ensure that communities feel part of the discussions?"

- Need for greater detail (6%) – 'what does this mean for organisations and public / patients?'

- Reference needed to transparency / honesty and accountability (6%)

  "Would add a principle around transparency and accountability e.g. using the ladder of involvement as a standard - so everyone is clear about the spectrum of communication and engagement possibilities"

- Reference needed to Equality Duty / tackling health inequalities (4%)

  "Address health inequalities by working in partnership with people"

- Reference needed to 'learning from best practice' / 'learning culture' (4%)

  "It would be good to see something about sharing learning / best practice and evaluation"

- Reference needed to 'excellent healthcare for all' / 'responding to need' (4%)

  "Maybe something about understanding and acting on the priorities of local communities"

- Reference needed to 'commitment to workforce' / 'protecting and growing both NHS and social care staff' (3%)

  "These are good starting principles but need expanding to include - recognition of the importance of recruiting and retaining the right workforce across the system"

- Consider a wider than NHS focus (3%).

  "More local linkages out with of the NHS - most people don't have the NHS at the centre of their care - it's their carers, themselves - they link into social care, housing, housing associations, schools & 3rd sector very locally - strengthening these linkages, around the person should come first"

Other suggestions made by respondents are listed in the table below including the incorporation of an overarching principle (2%), reassurance that this does not mean centralisation (2%) and stronger, more inspirational terminology (2%).

Question: What would you add or remove? (N=177)	% of respondents
Happy / nothing	22%
Principle specific comments	
Principle 2 - Incorporating local focus / focus on partnerships at all levels	9%
Principle 1 – alternative phrasing	5%
Principle 3 – alternative phrasing	3%
General comments	
Commitment to meaningful / true PPIE and embedding the voice of the public, patients and staff – co-production from the outset	25%
Greater detail required	6%
Reference to transparency / honesty and accountability	6%
Reference to Equality Duty / health inequalities	4%
Reference to 'learning from best practice' / 'learning culture'	4%
Reference to 'excellent healthcare for all' / 'responding to need'	4%
Reference to 'commitment to workforce' / 'protecting and growing both NHS and social care staff'	3%
Consider a wider than NHS focus	3%
Reference to 'removing barriers to accessing care / integrated healthcare'	2%
Overarching principle / unifying purpose	2%
Reassurance that this does not mean centralisation	2%
Principles need to be stronger / more inspirational	2%
Simplify principles / more direct	1%
Other suggestion, including: - Include all 4 pillars of primary care - Reference to adding to primary care resource to meet demand - Reference to local / regional assessment / appraisal / scrutiny - Reference to review of duplicate programmes - Reference to sustainability - Reference to social and economic development	6%
Other comments, including: - Sustainable funding model needed to support - How do we resource people to get involved? - Planning phase for Healthwatch to determine proformas and a mechanism for a two way flow of information - Focus on Principles 1 and 2 initially - Ensure public health and adult social care not lost - Mindful of postcode lottery	14%

3.5 How could we best involve you or your organisation?

To give partners and communities the opportunity to shape and influence the strategy as it develops, respondents were asked how best to involve respondents and/or their organisations.

Whilst nearly a fifth (22%) had no preference over the method of their involvement, 26% favoured either face-to-face or virtual design sessions / focus groups and 11% virtual design sessions / focus groups.

"Provide a range of opportunities from info and survey, to 1-1 to participating in design sessions - a menu that participants can choose from to suit their circumstances"

"I'd be more than happy to be involved in anyway-whether it was providing feedback, case studies of our innovative partnership working with health providers or involved in discussion groups"

Furthermore, 15% noted that there should be involvement / continued involvement with VCSOs and existing Boards / Forums / Groups and Engagement Teams.

"In County Durham continue to engage with the Better Together VCS Forum"

"Continued involvement through joint CCG and regional Partnership Forum"

"Darlington Association on Disability could be involved in a range of ways however to ensure accessibility this would require planning and resourcing"

Other suggested methods included opportunities to provide feedback (11%), with appropriate timescales given to allow consultation with wider teams / service users, and email updates / bulletins (7%), again providing the opportunity to provide feedback.

"Provide appropriate time to feedback on strategies and ensure the communications are going to the correct people in each organisations including healthcare scientists (which is a separate professional group from AHPs)"

"I would be happy providing feedback after sufficient briefings"

Question: How could we best involve you or your organisation? (N=188)	% of respondents
Face-to-face or virtual design sessions / focus groups	26%
Any method / happy to be involved in any way	22%
Involvement / continued involvement with VCSOs / Boards / Forums / Groups / Engagement Teams	15%
Virtual design sessions / working groups	11%
Invitation to provide feedback	11%
Email updates / bulletins	7%
Online surveys / polls	7%
Face-to-face engagement / sessions	5%
Unsure	1%
Social media / public-facing media presence	1%
Other suggestion, including: - Updates via Healthwatch - Focus on citizen / patient engagement focus (including young people and hard to reach) - ICS conference - Interest in what happening at ground level / site visits - Way to submit examples of where different care/healthcare issues can be fed - Allow anonymous feedback - Input from Primary Care Network CDs and wider network team	10%
Other comment / concern, including: - Time commitment of GPs (need paid time) - Difficulty in involving too many people in too little time - Current system of allowing individuals to comment on current / new policies should not be watered down - Current approach very top-led instead of inclusive - Survey intimated nothing about its goal	**5%**

4 Summary

In summary, many respondents held positive views about the principles with over half perceiving that this seemed like the right approach. However, respondents drew attention to a number of issues that they would like the Strategic Engagement Group to consider. These included:

- The need for greater detail and expansion of the principles, providing greater clarity as to what these actually mean for staff, stakeholders, patients and members of the public

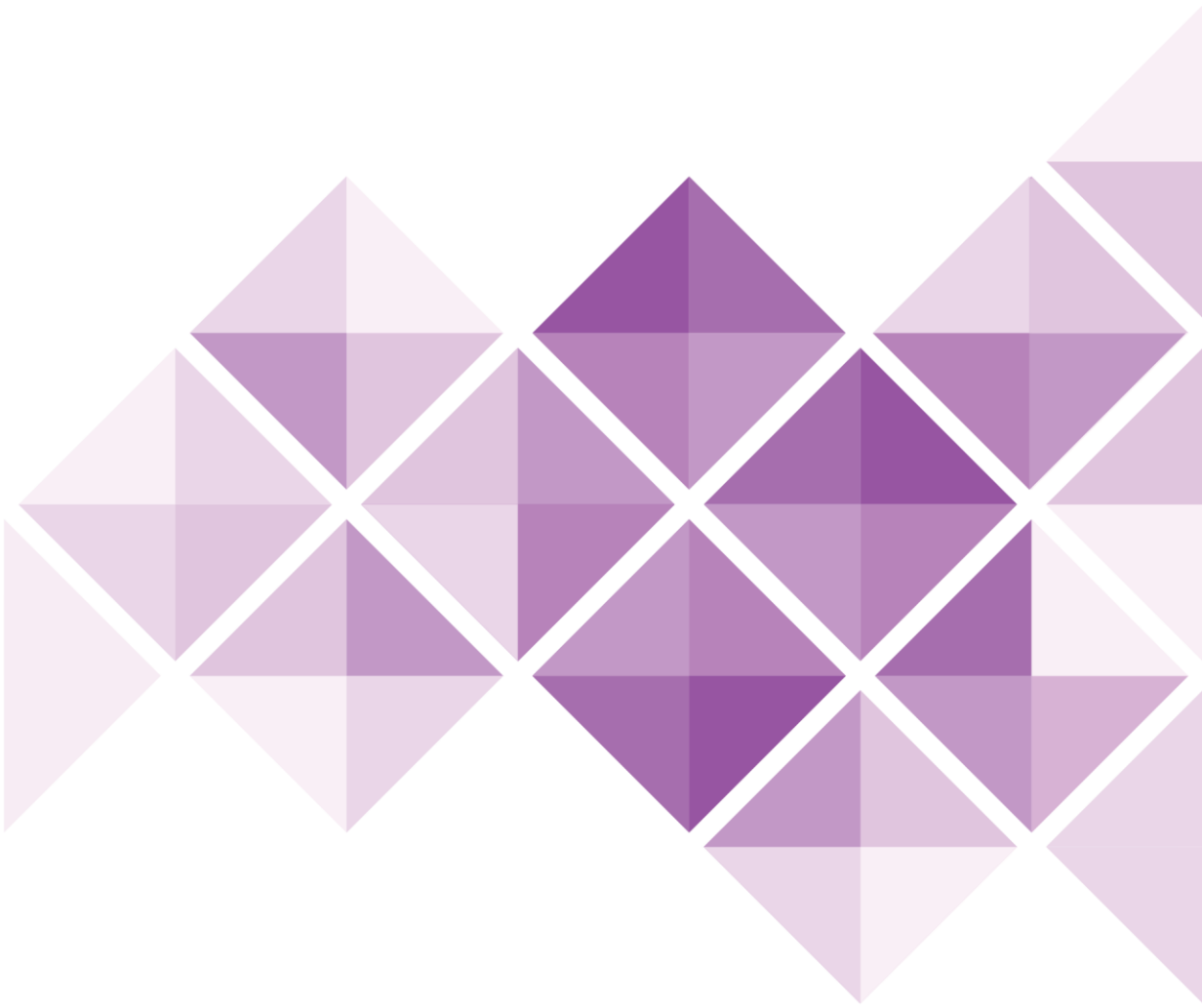
- The opportunity to be more inspirational and challenging

- The lack of acknowledgement of partnership working at community / neighbourhood level with concerns about losing local voice and the great work being done at this level (reference to Principle 2)

- Commitment / acknowledgement to coproduction from the outset / true PPIE and embedding the voice of staff, public and patients including hard to reach groups

- The lack of focus on tackling equity in access / health inequalities.

Respondents were very keen to continue to influence and shape the strategy, with a fifth having no preference to how this is undertaken. Further, 26% favoured face-to-face or virtual design sessions, 11% virtual design sessions and 11% invitations to provide feedback. Additionally, 15% noted how the Strategic Engagement Group needs to engage / continue to engage with VCSOs and existing boards / forums / groups and engagement teams within the region.



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